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NAME:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office ATTN: CENTRALIZED FAX CENTER, MS AMENDMENT	(571) 273-8300	

FROM: Otis Littlefield
Reg. No. 48,751**DATE:** December 13, 2006

Number of pages with cover page:	14	
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Comments:**PLEASE PROCESS THE ATTACHED.**

Re: U.S. Patent Application Serial No. 10/031,289
For: ANTIGENIC MENINGOCOCCAL PEPTIDES
By: Vega MASIGNANI et al.
Our Reference: 22300-21002.00

Attached is the following:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Petition for Extension of Time (1 page)
4. Amendment Under 37 CFR 1.111 (9 pages)

sf-2227729

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PTO/SB/21 (09-04)

Approved for use through 07/31/2009. OMB 0581-0031
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/031,289
		Filing Date	May 31, 2002
		First Named Inventor	Vega MASIIGNANI
		Art Unit	1845
		Examiner Name	S. Devi
Total Number of Pages In This Submission	13	Attorney Docket Number	223002100200

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (9 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet (not counted as part of this submission)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Otis Littlefield		
Date	December 13, 2006	Reg. No.	48,751

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: December 13, 2006	Signature: <u>Valerie Cohen</u> (Valerie Cohen)

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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/031,289
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	May 31, 2002
		First Named Inventor	Vega MASIGNANI
		Examiner Name	S. Devi
TOTAL AMOUNT OF PAYMENT		(\$)	1,020
		Art Unit	1845
		Attorney Docket No.	223002100200

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.18 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
11	0	50	0.00	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.				360	0.00		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
1	0	200	0.00				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/ 50	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)			
Other (e.g., late filing surcharge): 1253 Extension of time to respond within three months				1,020			

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,751
Name (Print/Type)	Otis Littlefield	Telephone	(415) 268-8848
		Date	December 13, 2006

6f-2241945

PAGE 3/14 * RCVD AT 12/13/2006 2:54:27 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/6 * DNIS:2738300 * CSID:415 2687522 * DURATION (mm-ss):04:12

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